

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 579307

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		6		1		
4		6		1		
5		8		1		
6		8		1		
7		8		1		
8		8		1		
9		8		1		
10		8		1		
11		8		1		
12		8		1		
13		8		1		
14		8		1		
15		8		1		
16		8		1		
17		8		1		
18		8		1		
19		8		1		
20	1		1	1		
21	1		1			
22	1		1			
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			18			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						